of mercury) the subsequent administration of halothane does not cause any significant rise in ICP. Thus, if used judiciously and if preceded by hyperventilation, halogenated anesthetics would appear to be safe to use during intracranial operation.

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Recent Advances in Respiratory Therapy

Respiratory therapy (formerly called inhalation therapy) continues to advance in the broad areas of training and organization, equipment and techniques. For medical directors of respiratory therapy the California Thoracic Society provides a forum to air common concerns.

There are continuing developments in equipment such as in-line or in-isolette oxygen monitors, improved pressure alarm systems, low pressure endotracheal tube cuffs and disposable nebulizers without a clearly superior model evident. A durable self-inflating resuscitation bag which will give a high oxygen concentration is yet to be found, although many types are marketed.

Among the most useful newer techniques, positive end expiratory pressure (PEEP) or continuous positive airway pressure (CPAP) raises the arterial oxygen in many patients with acute respiratory failure. CPAP is especially effective in treating idiopathic respiratory distress of the newborn.

Methylprednisolone (Solumedrol®), 30 mg per kg of body weight, appears to be the most effective steroid for treating "shock lung."

Sepsis, however, remains the most lethal complication of acute respiratory failure. Acetic acid and copper have antibacterial effects which might minimize environmental infection hazards while maintaining nutrition in the critically ill.

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